

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6939

REGISTRAR'S NO. 60242

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2062		REGISTRAR'S NO. 60242	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6609 Clemens Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>6609 Clemens Avenue</b>			
3. NAME OF DECEASED (Type or Print) <b>KAROLINE</b>		a. (First) <b>PAULINE</b>		c. (Last) <b>STAMM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 31 1949</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>June 15-1872</b>	
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Christian Meier</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Michael Stamm</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Lina Isenmann</b> ADDRESS <b>2409 McNair</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary arteriosclerosis</b> DUE TO (c) <b>g4a</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>hypertension</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>nearly</b> , 1948, to <b>June 31</b> , 1949, that I last saw the deceased alive on <b>Dec 20</b> , 1948, and that death occurred at <b>2:00P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Michael M. Kail, M.D., D.</b>				23b. ADDRESS <b>Beaumont Bldg. St. Louis</b>		23c. DATE SIGNED <b>2/1/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-3-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthew Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-2-49</b>		REGISTRAR'S SIGNATURE <b>Theresa W. Lanning</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. J. Lanning</b>		ADDRESS <b>1926 Allen Av.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Berj. L. Duran*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.